

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)	SERIAL NO. 10/089998 FILING DATE _____ APPLICANT(S) _____
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CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						1
4						1
5					1	
6					1	
7					1	
8		1				1
9		8				8
10						1
11		8				8
12		8				8
13		8				8
14	1				1	
15		1				1
16		1				1
17		1				1
18		1				1
19		5				5
20		5				5
21		5				5
22		5				5
23					1	
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5				6	
TOTAL DEP.						61
TOTAL CLAIMS						67

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS
PTO-130

6